

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

161587051

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	4					
5	2					
6	2					
7	2					
8						
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11						
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13						
14						
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16	2					
17	2					
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47						
48						
49						
50						
TOTAL IND.	30					
TOTAL DEP.	10					
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	10					
54	10					
55	10					
56	10					
57	10					
58	10					
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						